WVSSPA

Automatic Recurring Payment Authorization Form

☐ Start/New ☐ Change_____ ☐ STOP after _____ ☐ Skip/Pause until_____

Circle one: bank, day, other - explain | Date of Last Deduction | Date to Restart Deduction

WVSSPA is pleased to offer you the convenience of an Automatic Recurring Payment Plan. Now you can have your payment automatically deducted from your checking or savings account.

The Auto-Recurring Payment Plan will help you in several ways:

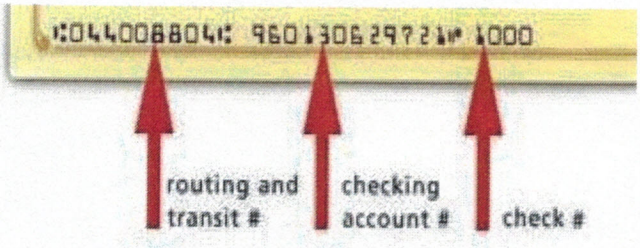
- It saves time – It's convenient – One time Authorization form is all that is needed.
- Ensures your membership dues are paid in a convenient and timely manner – even if you're out of town.
- Your payment is always on time.
- It's easy to sign up for, easy to cancel.
- If you supply an e-mail address, you will get an e-mail confirmation for all charges to your account.

Here's how the Auto-Recurring Payment Plan works:
You authorize regularly scheduled charges to your checking/savings account. Then, just sit back and relax. Your account will be charged as scheduled. **The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.**

Please complete the information below:

I _____, employee of _____authorize **WVSSPA (West Virginia School**
(Member name) (County employed)
Service Personnel Association) to charge my account $_____ on a semi-monthly, or monthly Basis, totaling $_____ per month for payment on my annual **WVSSPA** membership dues, with the First withdrawal to begin on _____.
Please choose one or both (if you want your amount split) of the dates: 15th and/or 30th. That you would like your membership payment deducted from your bank account.

Account Type: Checking Savings



Account Information

Bank Name: _____

Bank Routing #:_____

Account Number: _____

Please attach a copy of a voided check.

If you are unsure of your routing number, please contact your financial institution.

I agree to notify **WVSSPA** in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that all changes must be in writing and I will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement. **All NEW members MUST COMPLETE A MEMBERSHIP ENROLLMENT APPLICATION and submit to WVSSPA for this deduction to begin.**

Signature _____ Date _____

Street Address _____City _____State_____Zip _____